

	<h1>Quarterly Service Report</h1>	
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This form MUST BE submitted within 15 days after the end of the following quarters.

FAX to: 573-522-2899

Quarterly Service Period Check period of service reported		Due Date								
<input type="checkbox"/> June 30 through September 30	<table border="1"> <tr> <th data-bbox="945 913 1193 989">Breast and Cervical</th><th data-bbox="1200 913 1437 989">WISEWOMAN</th></tr> <tr> <td data-bbox="945 997 1193 1064">1. Number of women screened this quarter.</td><td data-bbox="1200 997 1437 1064"></td></tr> <tr> <td data-bbox="945 1073 1193 1140">2. Number of women projected to be screened next quarter.</td><td data-bbox="1200 1073 1437 1140"></td></tr> <tr> <td data-bbox="945 1148 1193 1215">3. Estimated cost for invoices not yet submitted.</td><td data-bbox="1200 1148 1437 1215"></td></tr> </table>		Breast and Cervical	WISEWOMAN	1. Number of women screened this quarter.		2. Number of women projected to be screened next quarter.		3. Estimated cost for invoices not yet submitted.	
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3. Estimated cost for invoices not yet submitted.										
<input type="checkbox"/> October 1 through December 31										
<input type="checkbox"/> January 1 through March 31										
<div>Date Submitted _____ / _____ / _____</div> <div>SMHW Provider Facility</div> <div>Provider</div> <div>Name</div> <div>Title/Position</div>										

Data from this report will be used to adjust allocation of screening and diagnostic funds for the next quarter.